	Case 2:14-c ir./dist./div. code 'NW	2. PERSON R	SHIE-UND DO EPRESENTED SON, GREGORY		Obda colik	APPINE!	voucher N		PageID 361	
3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUM 2:14-002630-001					5. APPEALS DKT./DEF. NUMBER			6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY					9. TYPE PERSON REPRESENTED			10. REPRESENTATION TYPE (See Instructions)		
US v. ROBINSON Other					Adult Defendant			Capital Habeas Corpus (2254) (Includi		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS HUTTON, ROBERT L SUITE 400 6000 POPLAR AVE MEMPHIS TN 38119 Telephone Number:					13. COURT ORDER					
						or Other (See Instructions) s/ Sheryl H. Lipman				
SUITE 400						Signature of Presiding Judicial Officer or By Order of the Court				
6000 POPLAR AVE MEMPHIS TN 38119					08/13/201409/13/2013					
1	ALMITHS IIV 301	1)			Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at				· · · · · · · · · · · · · · · · · · ·	
		CV A D A FOR CV		NGEG	time of appoir	tment.	YES NO	EOD COVIDE	WOLLOW W	
		CLAIM FOR SI	ERVICES AND EXPE	NSES				FOR COURT		
	CATEGORIES (Attach	itemization of s	ervices with dates)		OURS AIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TEC ADJUSTE AMOUNT	D ADDITIONAL	
I n C o u r t	a. Arraignment and/or Plea				_		\vdash			
	b. Bail and Detention Hearings			_		$\vdash \vdash \vdash$				
	c. Motion Hearings			_		\vdash				
	d. Trial			_		\vdash				
	e. Sentencing Hearings				_		\vdash			
	f. Revocation Hearings				_		\vdash			
	g. Appeals Court				_		\vdash			
	h. Other (Specify on additional sheets)									
	(Rate per hour = \$) TOTALS:			LS:						
16.										
O u f										
0	c. Legal research and brief writing									
f C	d. Travel time									
u u	e. Investigative and Other work (Specify on additional sheets)			heets)						
r t	(Rate per hour	= \$) TOTAI	LS:						
17.	Travel Expenses	(lodging, parkin	g, meals, mileage, etc.)							
18.	Other Expenses	(other than expe	ert, transcripts, etc.)							
	GRA	ND TOTALS (C	LAIMED AND ADJU	STED):						
19.	19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION									
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Supplemental Payment Supplemental Payment Payment Supplemental Payment Supplemental Payment P										
	Signature of Attorney: Date:									
APPROVED FOR PAYMENT COURT USE ONLY 23. IN COURT COMP.										
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE	DATE		UDGE / MAG. JUDGE CODE	
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL E					EXPENSES	32. OTH	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
34.	SIGNATURE OF CHIEF	T OF APPEALS (OR I	DELEGATE)	Payment	DATE	DATE		34a. JUDGE CODE		

Case 2:14-cy-02630-SH121+AUTHORIZATION AND VOUCHER FOR EXPERITAND OTHER SERVICES 2 2. PERSON REPRESENTED 1. CIR./DIST./DIV. CODE ROBINSON, GREGORY TNW 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 2:14-002630-001 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE (See Instructions) US v. ROBINSON Other Adult Defendant Capital Habeas Corpus (2254) (Including 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. REQUEST AND AUTHORIZATION FOR EXPERT SERVICES 12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: ☐ Authorization to obtain the service. Estimated Compensation: \$ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$800) Signature of Attorney Date ☐ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. Telephone Number: 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) 14. TYPE OF SERVICE PROVIDER 01 🗌 Investigator 20 🗌 Legal Analyst/Consultant 02 03 Interpreter/Translator Jury Consultant Mitigation Specialist Duplication Services (See Instructions) Psychologist 04 Psychiatrist 05 | 06 | Polygraph Examiner 24 🗌 Other (specify) **Documents Examiner** 15. Court Order 07 Fingerprint Analyst 25 🗆 Litigation Support Services (See Instructions) Financial eligibility of the person represented having been established to the court's satisfaction, the 08 | 09 | Accountant CALR (Westlaw/Lexis,etc) 26 🗌 Computer Forensics Expert (See Instructions) authorization requested in Item 12 is hereby granted 10 Chemist/Toxicologist **Ballistics Expert** Weapons/Firearms/Explosive Expert Signature of Presiding Judicial Officer or By Order of the Court 14 🗌 Pathologist/Medical Examiner 15 🗌 16 🔲 Other Medical Expert Voice/Audio Analyst Date of Order Nunc Pro Tunc Date Hair/Fiber Expert Repayment or partial repayment ordered from the person represented for this service at time of authorization. 18 🗌 19 🗍 Computer (Hardware/Software/Systems) (See Instructions) Paralegal Services ☐ YES ☐ NO CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY SERVICES AND EXPENSES MATH/TECHNICAL ADDITIONAL 16. AMOUNT CLAIMED ADJUSTED AMOUNT REVIEW (Attach itemization of services and expenses with dates) a. Compensation b. Travel Expenses (lodging, parking, meals, mileage, etc.) c. Other Expenses GRAND TOTALS (CLAIMED AND ADJUSTED): 17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS TIN: Telephone Number: CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM TO CLAIM STATUS | Final | Interim Payment Number | Supplemental Payment | I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee; Date: 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney Date: APPROVED FOR PAYMENT - COURT USE ONLY 19. TOTAL COMPENSATION 21. OTHER EXPENSES 22. TOT. AMT APPROVED/CERTIFIED 20. TRAVEL EXPENSES 23. \square Either the cost (excluding expenses) of these services does not exceed \$800, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$800. Signature of Presiding Judicial Officer Date 24. TOTAL COMPENSATION 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMOUNT APPROVED 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) Date Judge Code